To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to

PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Wiadison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: XIOMERO DEFESUS Criz	Street: 2682 5 9th St	□ Town □ Village ■City	1/4/2012	Email Baby Xion
sign: Xionaa Deferis-Cris	civ. Milwaykee WI zip. 53215	Milwau <u>Ce-e</u> (Municipality Name)	(Month) (Day) (Year)	(4/4)
Print: Joann Joden	stred: 1108 w chambers	Town Stringe City MI Walk	/4/2012 (Month) (Day) (Year)	Jucnie C
3.	Cay: Milwarkeel Zap. 53206	(Municipality Name)		(A/A) Email
Print: JIETTA JOMES	Street: 6356 W Shefidan	Town Village City	1/5/20_12	Phone
Sign: \$10000 \(\frac{4}{1} \)	City: 14(1LOaul) 60 Wyzn 53275	(Municipality Name)	(Month) (Day) (Year)	(414)8
Print Laitibri Escaleta	Street: 2904 W W. SCOSIN	Town Village City M. Wokee	1 /5/20/2	(414) 72 Phone
Sign Collection Collec	City: Milwakee zip: 53208	(Municipality Name)	(Month) (Day) (Year)	()
5. Print Jessila James	Street: 9336 WSheridan ANCHY	Town Village City MilWawhile	/ /5/2017	Email 20 ms
sign: Gessiea James	chy: milwauhill zip: 53225	(Municipality Name)	(Month) (Day) (Year)	()
Marchile	Certification of Circulator	N 1 M		
	certify): I reside at <u>4035 S 23 St #5</u>	Milwanke	26	Cinaulatora
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Nu.	mber) (Circulator Munic		Circulators, Please include your contact

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its contempon the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

(Signature of Circulator)

Please include your contac

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Randall Green Sign: Randalt Sha	Street: 8768 Woodbridge Drive City: Careenlale 21p: 53/29	Town Willage City Greenfule (Municipality Name)	[Email Phone
Sufatherine Hulett	Struct: 8784 Woodbridge Dr CHU Greendale ZID 53129	Town Village City Greendale (Municipality Name)	11/20/20 <u>11</u> (Month) (Day) (Year)	Phone 414
maris J. Green Sign Maris Streen		Town Village City Greendale (Municipality Name)		Phone (4/4
4. Tun Brownevell Siam Mrt Donl	Street: 2417 Housen Ave City: Rocine 21p: 53405	Town Village Society (Municipality Name)	12/4/20 <u>//</u> (Month) (Day) (Year)	Phone (26.2
5. MARYIN STREMKE han Stank	strees 3719 Wassachusetts Ave cit/Milwawkec zip: 53220	□ Town □ Village ■ Will Wankee (Municipality Name)	/2/18/2014 (Month) (Day) (Year)	Phone
1. Randall Green (Printed Name of Circulator)	Certification of Circulator , (certify): I reside at 8168 Upoderidge Dr (Circulator's Residence - Street Jame and Nu	rive <u>Greenfale</u> Jumber) (Circulator Muni	Inim_1:4.N	Circulators, Please include your c

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recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.	

/20/2 Kalel A (Year) (Signature of Cipoliator)

Return by. Committee

PO Box 25

Circulators, Please include your con

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by. Committee PO Box 25

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: DEBRA HEJDAK Jelva Heydah	Street: 1731 MANISTIQUE AUE City: So. Milwaykee zip: 53172	□ Town □ Village 20 City So. Miles Ukee (Municipality Name)	/2/2/20 <u>//</u> (Month) (Day) (Year)	Email Phone
2. Print: GREGORY HEJOAH Sign: Muyery Heydok	1	Town Village City S. G. M. Luck of MK (Municipality Name)	/2 /2 /20_// (Month) (Day) (Year)	Email Phone
Sign: Walter Pelicipal Sign: Walter Zelican	Street: 29125 Whi To Oak Lawe City: Waterford zup: 53/85	☐ Town ☐ Village ☐ City (Municipality Name)	/2/2/20// (Month) (Day) (Year)	Email Phone
4. Print: RMTH PELICAN Sign: Left Pelican	Street: 29125 white Oak Lane City: Waterford W Zip: 53185	MTown □ Village □ City	/3 /3 /20 // (Month) (Day) (Year)	Email Phone
5. Print Lypn BERNHARDT Sim Lynn Beinhardt	Street: 1916 Mackinac Avenue	Town Village City Outh Miwaukee Municipality Name)	12/5/20 <u>//</u> (Month) (Day) (Year)	Email Phone
4. Raydall Green (Printed Name of Circulator)	Certification of Circulator (certify): I reside at (Circulator's Residence - Street Name and Nu	e Greendak (Circulator Muni	cipality)	Circulators,

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(Month)

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Return by J

Committee (PO Box 256 Madison, W

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
Print: Patricia Wisniewsl Sursneceesth	street: 3639 E. Hammond ave.	Town Village Perry Cudally (Municipality Name)	//////////////////////////////////////	Email Plw/SN Phone (44)
2. Print: Canmen Anderson sign: Caymen Anderson		Town Village Secret (Municipality Name)	1 /(9/20	Email COLUM Phone (14)
3. Print Carlos Sanabria Sign Taylor Sanabria	Street 3250 N. Bittersweet Civele West Bend 53095 City: 21p:	Town Village City West Bend (Municipality Name)	// /20/20_// (Month) (Day) (Year)	Email CSan CSan Phone (262)
son Valerie Judice	Street: 1561 5.74th 51.	Town Village City (Municipality Name)	1 /20/2011 (Month) (Day) (Year)	Phone (414)
5. Print: Manuel Bamirez Sign: Sellin	street: 2753 5, Homan St. City: Mi Waukee 21p: 53207	O Town O Village City (Municipality Name)	///20/20_/((Month) (Day) (Year)	Email
Patricia Wisniewski	Certification of Circulator Secretify: Treside at 3639 E. Hummond U	ve audaha		

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(Circulator's Residence - Street Name and Number)

(Month) / /3 /20/2 (Signature of Circulator)

(Printed Name of Circulator)

Page No. (Official Use Only)

Official Use Only)

(Circulator Municipality)

Circulators,

Phone (4/14)

Return b

Circulators. Please include your Phone

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Committ Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box Madison THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CÓ Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ERICKSON □ Town Village City 11/25/2011 (Municipality Name) Email □ Town ☐ Village S&City Phone (Municipality Name) Email 🛘 Town ☐ Village City Phone □ Town ☐ Village City Phone

711	Cay: Milur, W.	1 24p: 53209		
Prior: JOHN SHERNELL	Street: 646 P N.	42nd54	☐ Town ☐ Village ■Cty	ladaal
Sign: John Sherell	CRy: MILW W.	I 21p: 53209	(Municipality Name)	// / 27/20_ (Month) (Duy) (Year)
	Certif	ication of Circulator	,	<u> </u>
I, VICKI ERICKSON,	(certify): I reside at 2514	geth ave	So Miluce	okee
(Printed Name of Circulator)	(Circulator's	Residence – Street Name and Nu		
I personally circulated this recall petition and personally of named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	paper with full knowledge of its conten	on the date indicated opposite his or	ors of the jurisdiction or district represented by her name. I know their respective residences g	the officeholder given. I support this
gam 1 12 12012	- Vighi Gre	Ason	Page No. (Official (Jse Only)

(Signature of Circulator)

(Month)

(Day)

(Year)

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Committee to PO Box 2569

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1. Print: Dec Christofferson - Rubur Sign: Du Christoff	Street: 115 Grand Ave Parcounts,	Town St Village City Thiensville	// /25/20_((Month) (Day) (Year)	Email Phone
	city: Thicnsville zip: 53092	(Municipality Name)	(Year)	(262)8
2. Adrianne King-Roth	2891 5.91st St Street:	□ Town □ Village 1 City	11 /20/204	Email
Sign: Q RET	City: Milwaukel Zip: 53227	(Municipality Name)	(Month) (Day) (Year)	Phone (4/4) 3
3. Print: Fadia Ali	Street: 7178 S. Karrington	☐ Town ☐ Village	11 /201	Email
Sign:	city: Franklin zip: 53132	(Municipality Name)	(Month) (Day) (Year)	Phone ()
4. Print: Onye buch: Oreldu Sign Co O O	Street: 4344 N. 70th	Town Village City M. Wanke (Municipality Name)	1\ \/2>\/20_11 (Month) (Day) (Year)	Email Obja3(
5.	city: Milwaukee zip: 53216	□Town		(414) (Email
Print: Debra Holtquist	Street: 2467 5 79 th 5+	□ Village □ City West Allis (Municipality Name)) (/2 (/20 <u>1 (</u> (Month) (Day) (Year)	debhot Phone
7	city: West Allig zip: 53219 Certification of Circulator			(414)
I, Patricia Wisniewski (Printed Name of Circulator)	,	ave <u>Udany</u>	ripality)	Circulators,

(Circulator's Residence - Street Name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

Circulators, Please include your contact

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1. Print: C'I FONESCE KNITTER Sign: Clemence Knitter	267 Street: 155 W. Sungview Dr. Uptrog	□ Town	11 24 20 <u>ff</u> (Month) (Day) (Year)	Email Phone
2	ciy: Oak brock zip: 53154	(tamorpanty Padille)		(14/14) Email
2. Print: AMY KNITTER	Street: 5005 S GREEN BROOK (So)	☐ Town ☐ Village	11 / 20/200	Jiliali
Sign:	City: Greenfield zip: 53220	Greenfield (Municipality Name)	(Month) (Day) (Year)	Phone (414
3. 11				Email
Print: Halana Lothon	Street: 7232 W Highland BILLD	Town Village City Mi Warle	12/1/2011	Phone
Sign: Off	City: Milutulle WI zip. 53208	(Municipality Name)	(Month) (Day) (Year)	(414)
4. Print: Crystal Straemates	Street: 2964 S. California St	☐ Town ☐ Village	/	Email
Sign: Cyptal Diameter		Milwaukee (Municipality Name)	12/1/20// (Month) (Day) (Year)	Phone
-	city: Milwaukol zip: 53207			1
5. Print: Carolyn Kurbonov Sign: Carolyn Kurbonov	Street: 4848 N. Lydell Ave #128	Town Village City	12/1/ /	Email
sign: Caro huellonor		(Municipality Name)	12/1/2011 (Month) (Day) (Year)	Phone (414)
	City: Glandale zip: 53217			1117
1.1.1.1	Certification of Circulator	st 11.1. 11.		
I. Julia Misheiwit, (certify): I reside at 268 5. Superior St Mulwaukee. (Circulator's Residence - Street Name and Number) (Circulator Municipality)				Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day)

PO Box 25

Return by

Committee

Please include vour Phone

Email

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Return by Committe PO Box 2

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	co
1. Print: Simrit Dhaliwal	street: 7833 (1) Hawthorne Rol	☐ Town ☐ Village ☑ City	11/15/2011	Email SKoh
Sign: Smout Shaline	City: MEQUOA 24pi 53097	(Municipality Name)	(Month) (Pay) (Year)	Phone (4)4
2. Print: Igler Traband	Street: 20795 Garningbanct	□ Town □ Village □ City	11/15/2011	Email
Signi Toling	CHY Brookfield 20 53015	Municipality Name)	(Month) (Day) (Year)	Phone (M14
3. Ryan Alby Sign: Cyn Alby	street: 1850 N. Watten Ave	□ Town □ Village □ City (Municipality Name)	/15/20 <u> 1</u> (Month) (Day) (Year)	Email Phone (414
4. Print: LEAH KOWallwiski	Street: 2857-A N. Stowell Are City: Milwaukee 21p: 55202 City: Milwaukee 22p: 53211	Town Village City Milwaukee (Municipality Name)	[[/[5/20	Phone (
5. Print: Kevin Christensen Sign: Kevin Christensen	Street: 37/3 Morris Blud City: Milwakee 2153211	Down Village City Show Wood (Municipality Name)	(Mouth) (Day) (Year)	Phone (60)
Certification of Circulator				
I, JEREMY WZNIAR, (Printed Name of Circulator)	certify): I reside at 3275 S. NEW YORK A			Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day)

(Signature of Circulator)

Phone

Email

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1. Print CATHORINE MCGED STON		Town Uvillage City Mil wawkee	si /21/20_11	Email Phone
Carpony Whosto	an milwaykee, wit	(Municipality Name)	(Month) (Day) (Year)	(414)2 Email
2. Pamela McCoy	Resett 222 N. 33 5, 4615	□ Town □ Village □ City	// Z/ 20_// (Month) (Day) (Year)	Phone
- Pamba McCoy	ay Melisantel 21 53208	(Municipality Name)	(Month) (Day) (Year)	(414)
3. Prince Donnis Lofton	222 N 33 rd # 603	☐ Town ☐ Village ☐ City	1 /21/20/1	Email
San Donis Rofton	CHIMAUKEL 214 53208	Municipality Name)	(Masth) (Day) (Yoar)	(4/4)
4. Connie R. Christian	Streets 10146 W. Sperice Pl	Town Utiliage City	11/21/20_11	
som Camir K. Chrotian		(Municipality Name)	(Month) (Day) (Year)	Phone (UIU)
5. Print M. GRANT	8troni 222 N 73 F32	Trown Village	11 21 20_11	Email
som. GRANT	Chi MI Wanker 2008	(Municipality Name)	(Month) (Day) (Year)	Phone (HIH)
Certification of Circulator				

Water Area West	Certification of Circulator	MILWAYKEE
// CAORIA HOMOUR Veasley, (certify): I reside a	1 27 N 33RA ST#801	(Circulator Municipality)
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator trumcipatity)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I kn	now that the signers are electors of the jurisc	fiction or district represented by the officeholder
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recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.	1	

(Month) (Day) 120 /2 // Litera remous Classey
(Signature of Circulator)

rasema (mental on only)
#____

Circulators,

Return by Janu

Committee to F PO Box 2569

Please include your con
Phone
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//CAOR/A

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	Return by Jan Committee to PO Box 2569 Madison, WI
G	CONTAC
<u>′</u>	Email
<u>i</u>	Email Phone

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1. Stelen Klenderson	scroon 2624 N. 13 th	□ Town □ Village □ City	12/2/20//	Email MA/Kur
son Steven Ingeren	carthingence 24 532 US	Municipality Name)	(Month) (Day) (Year)	Phone (4/4)
Michelle Smith	Geroeli 2928 N. 24th Street.	Town Village	12/4/20/1	Email Phone
Michelle Smith	an Miluaukee 21 53206	Mi fully Kec (Municipality Name)	(Month) (Day) (Year)	(414)
3. PHAL Al Thompson	Renni 2917 V 245+	Town Village City	12/4/2011	Phone
son all Throguescon	cum milwaukee zum 53206	MILWUBET (Municipality Name)	(Month) (Day) (Year)	(HH)
" Undray Williams	Screet 2928 N1244	Town Otiliage City	12/4/2011	
Som Undrey William	an Milwaukeo 2191 53206	(Municipality Name)	(Month) (Day) (Year)	(\(\(\(\(\) \) \)
5. brice Smith	928N24nst	I Town D Milage E City	12 N/2011	Email
sign familes in	can Milwauker WIZza 53206	(Municipality Name)	(Month) (Day) (Year)	Phone (414)
. Ma In a a AP Morre Masker	Certification of Circulator (certify): I reside at AAA N 33 RA St # 8	A /	1.4.	Circulatore

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(Circulator's Residence - Street Name and Number)

(Month)

(Printed Name of Circulator)

(Signature of Circulator)

Page No. (Official Use Only)

(Circulator Municipality)

Circulators,

Please include your o Phone

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Jahchuna Quens Jahchievia albens	Street Z-12 N. 34th Street	Town Uvillage City (Municipality Name)	// /2//20(Month) (Day) (Year)	Phone (\ \lambda \ \racksquare \	
2. TRMA White	City: 10 (11) (10) (10) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Town Village Giny MI DAUKEC (Municipality Name)	// /Z //20(Month) (Day) (Year)	Phone (4/4)	
3. MARIEDWARD LOFTON Sollward Lofton	CHYMI/WANKES, Wi. 24 53208	Town Village City (Municipality Name)	// /2-1/20// (Minnth) (Day) (Your)	Phone (414)	
* LYNN A. WELLS		Municipality Name)	1/1/20/20/1(Month) (Day) (Year)	Email 4/4 Phone ()	
5. Shirley Hunt sign 3.16	Report 2911 5 69th St.	Town Village City (Municipality Name)	(Month) (Day) (Year)	Hunts Phone (4(4)	
LVICTORIA ARMOND VEASLEY	Certification of Circulator (certify): I reside at 32 N 33R St # (Circulator's Residence - Street Name and N		eC icipality)	Circulators, Please include your col	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Day) (Month)

(Printed Name of Circulator)

Please include your cor Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committe PO Box 2 Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING COL NAME & SIGNATURES OF ELECTORS MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROUTE (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Email □ Town ☐ Village l/8/20 l/2 (Month) (Day) (Year) City Phone Email ☐ Town ☐ Village ☐ City • 1/8/20<u>0</u>
(Month) (Day) (Year) ☐ Town ☐ Village 1/9/2012 **Z** City Phone MIWRIDEER Email ☐ Town U Village 1 19/2012 Phone Email ☐ Town ☐ Village City Phone

(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
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recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

704 A. S. 29th St

(Month) / 13 /20 1Z (Year)	(Signature of Circulator)
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(certify): I reside at

lina M. Owen

Circulators, Please include you

Return by

REBECCA KLEEFISCH RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Lieutenant Governor Rebecca Kleefisch from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	со
1. Printi Paula Peters Sign: Paula Peters	Street: 2599 w. Mitchells City Milwarkee 21pt 5300	Town Upillage City Mil Wawkee (Municipality Name)	1/8/2012 (Month) (Day) (Year)	Email Fun2: Phone (4K)
Print Liovan rex Alxila	Street: 70le S. 29th City: Milwauke zip 53a15	Town Yillage City	1 /9/20 <u>1</u> Z (Month) (Day) (Year)	(4/4
3. Printi Melina Aviles Signi Lelinales	stront Milwallee City 722 Sp. Oth 21ps 53215	Town Village SCity Milwankle (Municipality Name)	10 [/9/20 17 (Mouth) (Day) (Year)	Email Phone
Signi Lucia Lucia Lucia	Street: MII Ub Uh ee 53215 Solin 820 5 29th St	Town Jackel Milwaukel (Municipality Name)	(Mouth) (Day) (Year)	Email Phone
5. Print: PAUIN R Sign: Daniely	Street 72I S 29 4H St City: MTWWKFEF ZID: WI	Town Willage City (Municipality Name)	(Mouth) (Day) (Year)	Email Phone
I Tina M. Owen	Certification of Circulator	ν η Λ.Ι α. Ι.		
I were	certify): I reside at 706 A. S. 29th 3	* Milwauk		Circulatore

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I personally	y circulated thi	s recall petition :	and personally obtain	ed each of the signatures	on this paper. I know th	at the signers a	re electors of the jurisdiction of	r district represented by the off	iceholder
named in th	his petition. I k	now that each pe	rson signed the pape	r with full knowledge of	its content on the date in	adicated opposit	e his or her name. I know thei	r respective residences given. I	support this
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(Month) (Day) (Year) (Signature of Circulator)

(Printed Name of Circulator)

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Circulators, Please include you

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Email

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REBECCA KLEEFISCH RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Lieutenant Governor Rebecca Kleefisch from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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Print: Bruce Hady	0460 5 Lalist P2 # 1903 Street:	Town Utillage PCity	16 /0// ₂₀ //	Email
Sign: -aug // vong	cuy: cudahy zip: 53110	Cuduly (Municipality Name)	(Month) (Day) (Year)	()
2. Priot: Sherri Morris	6960 Lincolnshire Circle	☐ Town ☐ Village ■ City	17/0/-	Email
Sign:	any: Milwaerkee zip: 53223	Municipality Name)	/Z / 24/20 (Month) (Day) (Year)	Phone (AIA)
3. Pring Debogaty Lichosz	105 S. Imperal	□ Town b Village □ City		Email
step () ()	city: Hatland 21p: 65529	(Municipality Name)		Phone ()
4. Print: Julie Sherwin	STURESTI WINGE GAGO WAY	Town Utillage	11 1201 11	Email
Supplie Mexical	City: Walkesha 210: 53188	Municipality Name)	/2 /29/20 <u>//</u> (Month) (Day) (Year)	Phone ()
5. Print: Linda Dealy	Street: 724 Nioushall Ava	□ Town □ Village ★City	, ,	Email (daely)
Sign: Lenda Day	city: South Michiganhae (4)	South Milway shap (Municipality Name)	(Month) (Day) (Year)	914 70 Phone (414) 2
1 1 1	Certification of Circulator	-	.1	
Printed Name of Circulator	(certify): I reside at 724/ways hall /-		· Lacecheo	Circulators
(1 runea rame of Circulatory	(Circulator's Residence – Street Name and Num	nber) (Circulator Munic	ripality)	Please include your contact

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jar Committee to PO Box 2569

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1. Print DON CARBAGE SIGNILLAN CARBAGE	Street: 222 N. 33 P.L.	□ Town	// /2//20 <u>//</u> (Manth) (Diy) (Year)	Phone (4/4)	
2. Print/Van 12=Williams Sign: Modie Williams	Cay Milw Milk Milk ll 21 5 3208	Down Village City (Municipality Name)	1//2//20 <u>//</u> (Morith) (Day) (Year)	Phone (4)4)	
Print Ois Williams Signif Ois Williams	Chymilwankel 21pt 53208	Town Village City (Municipality Name)		Phone (4(4)	
4. LENDA PALMER SIGNI	Street 222 N. 33 RA 22 53208 City: M1/Way ll 22pt 53208	Town Stillage MI Wankly (Municipality Name)	// /2//20 <u>} (</u> (Manth) (Day) (Year)	Email (4/4/) Phone	
5. Willie Steed		Town Village City (Municipality Name)	// /2//20// (Month) (Day) (Year)	Phone (4,4	
I, Victoria ARMOUR WASI	Certification of Circulator (Certify): I reside at 22 2 N 33 N 5 (Circulator's Residence - Street Name and No	14807 MIWA (Circulator Muni	UKEE icipality)	Circulators, Please include your co	

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(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Weller from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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DELORISMECOY DelousMECoy	Street 222N33Street Cay: Milwauko 0225 53208	Town Village City Multiplication (Municipality Name)	1/2/2021 (Month) (Day) (Year)	Phone (4/4/
2. Prin Charles WEST son Charle 2 West	Greet 222 W 33 RD 51 Cay MIL Wis 21 5 3208	Town Village M. L. Warkel (Municipality Name)	// /2 // 20 <u> </u> (Month) (Day) (Year)	Phone
3. Print Verline Lee som Kerline Luc	Cay M. Lycarke: 2191 5 3208	Town Village City MILWAUKEE (Municipality Name)	// /20/20_/1 (Minsish) (Day) (Year)	Email Phone
my pery nous know	Street: 222 N 33Rd St	Town Village City (Municipality Name)	// 2/ 20_// (Mouth) (Day) (Year)	Phone (4/4
Sign.	Cay Milwanker 222	(Municipality Name)	///2//20// (Month) (Day) (Year)	Phone (4/4
I. VICTORIA ARMUUR VEASILY, (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 22 N 33 R St 4 (Circulator's Residence - Street Name and N	\$807 MILWAUR	Lec icipality)	Circulators , Please include your

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(Month) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja Committee to PO Box 2569

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Dennis J. Boom sign: Dennis J. Boom	2485 N. Lake Dr. CHY: Milwanker 21: 53211	Town Village City M/Wanket (Municipality Name)	//////////////////////////////////////	Email 4 500 m (414)
Print Mary Boom Sign: Mary Boom	Street: 3695 N. Lake Drive City: Milwauker zip: 53211	Town Village St City (Municipality Name)	// /8 /20 <u>//</u> (Month) (Day) (Year)	meboon Phone (414)
sign: Kimberly Boom	street: 674 W 5th Ave	□ Town □ Village ■City ○ Sh KOSh (Municipality Name)	(Month) (Day) (Year)	Email bccmk Phone (920)
sign: Share Boom	street: G74 W. S+h Ave city: OShKOSh zip: S4902	□ Town □ Village SCity (Municipality Name)	(Month) (Day) (Year)	Email Phone (*OO)
5. Randy Boom sign: Acmely Boom	city: Fonddu fac 21: 54935	Town Village Scity Tondalu (Municipality Name)	// DY/20// (Month) (Ddy) (Year)	Phone (PLU)
DUN'S BOOM (C) (Printed Name of Circulator)	Certification of Circulator certify): I reside at (Circulator's Residence - Street Name and Num)r- Milwans	ukee	Circulators,

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(Month)

(Circulator Municipality)

Please include your contact

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and \$9.10 of the Wisconsin Statutes

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY			Madison
NAME & SIGNATURES OF ELECTORS	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C
1. Print Kellan Fabjoince sign: Kellan Fab	Street: 2910 N. Nawhall St.	Town Village Scity (Municipality Name)	(Month) (Day) (Year)	Email Phone
Print: MAACA A CAXWE Sign: MANA CAXWE	Street: 2910 N. Newhall St. City: Milwauker Zip: 53211	□ Town □ village ☑ City (Municipality Name)	// //5/20	Email More (43)
Sign: Dy Andrew Unger Unger	Street: 3020 N. Mayland City: Mil Wartiep Zip: 53211	Town City (Municipality Name)	(Month) (Day) (Year)	Phone
4. Print: Emily Cahmy Commission:	street: 2982 N. Frederich Ave.	Town Village City (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email [a) Phone (715
5. Nichola Mark Tabat Sign: Mark Tabat	Street: 2910 N. Newholl St. City: MWayte zip: 53211	City Www. (Municipality Name)	[2/01/20 <u>1</u>] (Month) (Day) (Year)	Phone (H 4
1. Niholas Mark Tabat	Certification of Circulator (certify): I reside at 290 N. Newhol A. F.B.	Milwaut	100	Circulatora

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(Circulator's Residence - Street Name and Number)

(Month) (Year) (Signature of Circulator

(Printed Name of Circulator)

(Circulator Municipality)

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Please include yo Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. CJ.R.) Print: CARMELO IR/ZARRY Sign: Cumulo Surjuy	Street: 2324 5.12 th City: Milwanker Wis zip: 53215	□ Town □ Village □ City Mi/w A v- 5 e e (Municipality Name)	//8/20 <u>/2</u> (Month) (Day) (Year)	(
2. Print: Jereny Heisler Sign: Greny G Heisla	Street: 2341 A South 12th St City: Milwaukee, 4/5 zip: 53215	Town Village City (Municipality Name)	// 8 /20/2 (Month) (Day) (Year)	Phone (
3. Print: PEDRO D. VANGA Sign: Kelia D. Vanya	Street: 10810 W. WREN AVE. City: MILWAUKEE, WI. 21p. 53225	□ Town □ Village ⊕City MILWAUKEE (Municipality Name)	//8/20 <u>/2</u> (Month) (Day) (Year)	Phone (4/			
4. Print: John Vanga Sign: John Vanga	Street: 10810 W. W. R. M. Ave. City: MUSO, W. Zip: 53225	Town Uillage City Milwaukee (Municipality Name)	/8/20 <u>12</u> (Month) (Day) (Year)	Email Jo Phone (41			
5. Profitat Vargas stat Vargas	Street: 5875 N.75thSt City: Milw, WF 21p:53218	Town Utillage Getty (Municipality Name)	\ \langle \langle \ \langle \langle \ \langle 2012 \ \text{(Month) (Day) (Year)}	Phone (
_ 1 \/	Certification of Circulator		<u>- I</u>				
I, Joel Vanga (Printed Name of Circulator)	(certify): I reside at 2651A South 13th (Circulator's Residence - Street Name and Nur	(Circulator Munic		Circulator			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder
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Circulator Please include Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	Section 12 of the Wisconsin Constitution and S.9.10 of USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY.			PO Bo: Madiso			
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING				
1. Printelcie Consalez Sign: Helsie Almale	Street: 2152 W. Mogan Av.	Town Village City Hil Wankee Wisconsix	/ 8/20/2/ (Month) (Day) (Year)	Email Phone			
2. Print: William BETANCOURT	city: Melwaukee zip: Ul1	(Municipality Name)		(Email			
Sign: William Beloncoul	Street: 36/7 SOUTH 23 St.	Village City Mi (WAV & CE) (Municipality Name)	//8/20/2 (Month) (Day) (Year)	Phone (
3. Print CARMEN H. Botancoupt	Street: 8617 504H 23 57	□ Town □ Village City	1/8/2012	Email			
sign/ainen BiBstancautt	city: Milwaukee zip: 53921	Milwauk 12 (Municipality Name)	(Month) (Day) (Year)	(
Mila EROS Aruz	Street: 2534H.S.20ST.	Town Village City Milwauke e (Municipality Name)	/ 8/20/3- (Month) (Day) (Year)	Email			
5. 1	chy. Milwaukee zip: 53215	5	(Tradition) (a.m.y)	(Email			
Mana Lorg	Street 2534 A S. 20th St.	Town Village City Milwawkee	1/8/20/2	Phone			
sight full by	Milwauhee zip 53215		(Month) (Day) (Year)	(
Certification of Circulator							

, Joel Vanga	(certify): I reside at 2651 A South 13th 5t.	Milwanker
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)

(Signature of Circulator)

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<u> </u>	13	/ <u>20_12_</u>	1/1/2-	1 PR 10 Opfficial Use Only)
(Month)	(Day)	(Year)	(Signature of Circulator)	Y 0 0#

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: Rebeca Ruiz Sign: Reblea Ruis	Street: 2324 S. 12 th St City: Milwaukle zip: 55215	Town Village City (Municipality Name)	01/08/2012 (Month) (Day) (Year)	Phone (
Print: ASCURDANTING Sign: All Lines States and Lines Sign: All Lines States and Lines State		Town Village Stity (Municipality Name)	(Month) (Day) (Year)	(
sign Paul Pacheco	Street: 2333 S, 12 th 8t	□ Town □ Village □ City Mi Waske (Municipality Name)	/8/20 <u>12</u> (Month) (Day) (Year)	Phone (
4. PrintErnest DotSon Sign: Ermest J. Lata	Street: 2333 S. 1245 Street City: M. Ywarte e zip: 33215	□ Town □ Village □ City M. / (Naw Let (Municipality Name)	/ / 8/20 <u>/ 2</u> (Month) (Day) (Year)	Phone (
5. Print: NANCY of Taizetony Sign: Naway of Ilesgins	Street: 2333 5 12th 5t	Town Village City (Municipality Name)	/8/20_12 (Month) (Day) (Year)	Phone (
I, Joel Vanga (Printed Name of Circulator)	(certify): I reside at 2651 A South 13th	ST. Milwauk		Circulato						

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(Circulator's Residence - Street Name and Number)

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(Month)	(Day)	(Year)	(Signature of Circulator)

(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: George Vargas	Street: 5875 N. 7545t	□ Town □ Village □ City	1/8/2012	Email		
Sign: boorgetergas	city: Milu, wt zip: 53218	(Municipality Name)	(Month) (Day) (Year)	(
2. Print: Tommi Edward	Street: 5875 N. 75thSt	□ Town □ Village □ City	1/8/2012	Email		
Sign: Tammi Edwards	53218 city: Milw, wx zip: 58218	Municipality Name)	(Month) (Day) (Year)	Phone (
3. Sharon Lewek		□ Town □ Village □ City	12/2017	Email		
sign. Sharon Dee soll	City: Milw WE Zip: 52204	(Municipality Name)	(Month) (Day) (Year)	Phone (
4. Capri Lewek	Street 823 W. Mitchellst	□ Town □ Village □ Eity	1 12012	Email		
so arprithenel	cuy Milw, wz zup: 53284	(Municipality Name)	(Month) (Day) / (Year)	Phone (
5. (SR) Prior: Carmelo Irizarry	Street: 2324 S. 12th St.	□ Town □ Village ☑ City	. /0/-0:0	Email		
Sign: Carmelo Shizarry	city: Milwaukee zip: 53215	Milwaukee (Municipality Name)	//9/20 <u>12</u> (Month) (Day) (Year)	Phone (
I Joel Vanga	Certification of Circulator (certify): I reside at 2651A South 13+k	LST. Milwauk	ee			
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING				
1. Print: Arcadio 6 on zalez Sign: Cheadia Hongaly	Street: 2/52 W. Morgan Ave City: Milwankee Zip: 53221	Town Uyillage City (Municipality Name)	1 /9/20 <u>/2</u> (Month) (Day) (Year)	(
Print: Vanessa Jordan Sign: Wanessa Joardan	street: 2226 W. Verona Ct city: Milwaukee zip: 53215	□ Town □ Village □ CF-City Milwaukee (Municipality Name)	//8/20/20//(Month) (Day) (Year)	Phone (
3. Print: Jaisha Santiago Sign: Gaisha Dantiago	Street: ZZZ6 W. Verona Ct City: Milwaukee Zip: 53215	Town Village City Mulwaulle (Municipality Name)	/ //O/20/2 (Month) (Day) (Year)	Phone (
Print: Edgardo Concepción Signifique Correspora	street: 2329 5.27 H ST. City: "Milwaukee zip: 53215	Town Village City (Municipality Name)	/ /// /20 <u>/ /</u> (Month) (Day) (Year)	Phone			
princhisandra Maisonet sign Manden Mausin	Street: 2329 5. TH ST.	Town Village City (Municipality Name)) /// /20 <u>17</u> (Month) (Day) (Year)	Phone (
Certification of Circulator							

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder	
named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this	
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(Circulator's Residence - Street Name and Number)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison, THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CO Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email EGIDE NIMUBONA 4493 W. FIELDWOOD LANE Town □ Village EG!DI (920 Woodmere Ct ☐ Town ☐ Village 01/9/2012 (Month) (Day) (Year) Town Uillage REJOCATE NITIZONKIZA Street: 4493 W. FIELDWOOD LANE rough ☐ City TOWN OF GRAND CHUTE (Municipality Name) (920 ☐ Town street: 1325 S. Ovtagamie St. ☐ Village City cay: Appleton, WI zap: 54914 5. □ Town ☐ Village ☐ City Street

Sign;			(Municipality Name)	(Month) (Day) (Year)		
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Lore Ha J. Kjemhus Sign: Dore Ho J. Kjemhus	street: 1461 DEERWOOD Dr.	th Town Utiliage City Neenah (Municipality Name)	// //5/20 <u>//</u> (Month) (Duy) (Year)	Phone (9)
2. Print: Gerald O. Kjemhus Sign: Merald Gembus	street: 1441 Deerward Dr. Chy: Neenah, WI. zip: 54956	Drown City Neenah (Municipality Name)	// /2//20 <u>//</u> (Month) (Day) (Year)	Email (93)
3. Print: LINDUT. Ward Sign: Mark	Street: F9024 Wadden LU City: New Landon W 210: 54961	Town Village City (Municipality Name)	/ 20 (Month) (Day) (Year)	Email
Steven Verboomer		Town Village City Can Kauna (Municipality Name)	/3/3/2011 (Month) (Day) (Year)	Phone (9%)
5. Print:	Street:	□ Town □ Village □ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
I, May Tvitz (Printed Name of Circulator)	Certify): I reside at (Circulator's Residence - Street Name and Nu	1000 Ct Town of B	thanah cipality)	Circulato Please includ

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall perition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a). Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Scott L. Fr. 2 Sign: Slan Fine 2	Street: WY612 Wyes vd	Prown Village City Ho 4 (Municipality Name)	11/29/20 <u>11</u> (Month) (Day) (Year)	Phone
2. Prict:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
3. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
4. Print:	City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone

(Circulator's Residence - Street Name and Number) (Printed Name of Circulator) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis, Stats.

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. ROPIGO DIER	Street 1051 W. 7TH AVE	C Town C Village City OSHKOSH	1/7/2012 (Month) (Day) (Year)	Pho
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Carol Hollar-Zwick	(certify): I reside at 730 Congress Pl. (Circulator's Residence - Street Name and No.	City of Ver	nah	Circulat

Upersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder stamed in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable index S. 12, 13(3)(a), Wis. Stats.

am Child Dalle on Ne	- Jody Drake 64	san Anya! Fari	Amja D. Farin some 301	Buy June Mos 2 Oug. NUI	akes	age His Moore 76ho	\$		1. Nancy E. Barczak smet. 140	NAME & SIGNATURES OF ELECTORS STI	THE MUNICIPALITY USED FOR MAILIN THE NAME OF	To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.	
Neenan wi 54956		an Appleton WI on 54915	3049 E Canery St.	on Nunch Wi 20: 54956	some 645 Chr. St.	on Meenah WI m. 54956	snow 645 Elm St	on Appletu WI m. 54911	1426 N. Leona St	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.	SCOLI WALKER RECALL PETITION to undersigned qualified electors of the State of Wisconsin petition for the recall to Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.	
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is junishable under \$12.13(3)(a), Wis. Stats.

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Sarch Mosre Notes (centify): I reside at Lus Elm St.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the recall of Governor State of Wisconsin Petition for the P Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: Alissa Schaffer Sign: Owna Schaggy	Street: 1713 Och Hollow Lane City: Weenah, Wl zip: 54956	Town U Village City (Municipality Name)	(/11/2012- (Month) (Day) (Year)	Phone (
2. Print: Sheviry I Haskott Sign: Shey JeWaskett	Street: 612569 Mill (sock C) City: 6 cest ham W/zip: 54(28)	Town Village City (Municipality Name)	//(/20 <u>1</u> 2 (Month) (Day) (Year)	Email Phone
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone (
4. Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
5. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
Maria Nacama	Certification of Circulator certify): I reside at 778 Millbrook Dr.	Town of A	boscha	

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(Circulator's Residence - Street Name and Number)

(Day)

(Printed Name of Circulator)

Phone

(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

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Walker from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and S.9.10 of the V	Visconsin Statutes.		PO Boy			
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1. David Hagglund sign: Wand Hagglund	Street: W5604 Vans Red.	□ Village □ City Harn Son (Municipality Name)	12/2/20 11 (Month) (Day) (Year)	Email Phone			
2. Print: ELMER Haggle. Sign: Elmer Hagglend	street: 105 Daniel CT. City: Combined Lackon: 54113	Town Village City CombinedLocks (Municipality Name)	1/6/20 <u>12</u> (Month) (Duy) (Year)	Phone (92)			
3. Print MAJ-LISHAGGWI Sign: Maj-Ris B. Wagglung	Street: 105 Daniel Ct Combined Locks 21:54113	Town Ovillage City Combined Locks (Municipality Name)	//8/2012 (Month) (Day) (Year)	Phone (92)			
4. Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Venr)	Email Phone			
5. Print: Sign:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
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David Hagglund	certify): I reside at <u>W5604 Vans Rd</u>	Town of Harr	rison	Circulators			

(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$2.13(3)(a), Wis. \$4ats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		
1. Print: David F. Ewing Sign: Walinfy 2	Street: 2217 N. Loelane Street: Beloit zin: 53511	Town Village Scity Beloit (Municipality Name)	/2 /28/2011 (Month) (Day) (Year)	Email Lu Phone (OC	
2. Charlotte A. Off Sign: Charlotte A. Off	city: Selost zip: 3 9311 Street: 424 W. Dalfon St #330 City: Malison zip: 53703	Town Village SCity Add So M (Municipality Name)	2/29/20 <u> </u> (Month) (Day) (Year)	Email Spipe Phone (42	
3. Print Katherine A. Ewing Sight Lerise Pliving	Street: 2217 N. Vel Laine City: Beloit zip: 53511	Town Village City (Municipality Name)	12/39/20 <u>//</u> (Month) (Day) (Year)	Phone (
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
1/ 1	Certification of Circulator	*			
I, Kate Ewina, ((certify): I reside at 527 E. South River (Circulator's Residence - Street Name and Nu.	St. Appleton (Circulator Munic	cinality)	Circulators	

(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
	ed each of the signatures on this paper. I know that the signers are electors of the r with full knowledge of its content on the date indicated opposite his or her nan mishable under S. 12.13(3)(a), Wis. Stats.	
///20 12	Kathyn N. Ewini	Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, W.
	NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
	1. Amy Perry	Street: 901 E. Manfield Drive	□ Town □ Village)② City	10/28/2014	Email arry pe
	sign: Amy fung.	city: Appleton zip: 54911	Appleton (Municipality Name)	(Month) (Day) (Year)	Phone (920)
	Print: BRIAN PERRY	Street: 901 E MAYFIELD DR	□ Town □ Village Ø City	/2 /2 8/ 20 // (Month) (Day) (Year)	Email bolor Phone
	simbran sery	civ. AppletoN zip. 54911	(Municipality Name)	(Monin) (Day) (Year)	(920)
ļ	3. Print: David A WOLF	Street: 930 MANDE PLACE	☐ Town ☐ Village ☐ City	12/15/2011	DWWF.
-	Sign: De Colonia	City: Little CHUTE Zip: 54140	(Municipality Name)	(Month) (Day) (Year)	(920)
	4. Dayna Wolf	Street: 930 Marrov Pl.	Town Original City Little Chu le	1/4/20/2	Email dwolfs
	Sign: Dayya WW	civ. Little Chute zip. 54140	(Municipality Name)	(Month) (Day) (Year)	Phone (980)
o'	5. Prior Alexander Wolf	Street: 930 Mailor D.	□ Town □ City	1/4/2010	Email
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	I, (Printed Name of Circulator), (0	(certify): I reside at <u>Circulator's Residence - Street Name and Nun</u>	mber) TOPETO) /) ipality)	Circulators, Please include your cont

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Rural address must also include box or fire no (Also Indicate Town, City, or Village) Suret: 4363 Schallow Banks City	THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE. IS NOT SUFFICIENT. BE LISTED.		Madison,
Print: Charles kindoof Sime 4363 Swallow Banks From One	NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	NAME OF VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	со
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month)

Circulators.

Please include your Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Walker from office pursuant to Article XIII,	Section 12 of the Wisconsin Constitution and S.9.10 of the V	Wisconsin Statutes.		PO Box 25
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5.V Erin Martin	street: W3045 Pinecrest Ct-	Volume Village City	11 /20/2-11	Email
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

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David B Williams, (certify): 1	Certification of Circulator	Appleton
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	n of the signatures on this paper. I know that the signers are electors of the juris will knowledge of its content on the date indicated opposite his or her name. I ke under S.12.13(3)(a), Wis. Stats.	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Sco Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Print BRIAN MATHENY	Street: 1502 /2 No ASPESTON STO	□ Town □ Village City	17 https://	Email
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3. LORI WILLIAMS	Street: 1812 N Writing Dr	Town	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Email
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4. Print Com Mille	Street: 170 N Mecode	☐ Town ☐ Village ☐ City		Email
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Committee THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. PO Box 25 THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. Madison, NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE NAME OF VOTING Rural address must also include box or fire no. MUNICIPALITY OF RESIDENCE DATE OF SIGNING 1. (Also Indicate Town, City, or Village) □ Town □ Village City 2. ☐ Town ☐ Village 12/7/20/1 (920 3. □ Town ☐ Village ☐ City Phone (Municipality Name) □ Town Email □ Village ☐ City Phone (Municipality Name) City: ☐ Town Email □ Village Street: ☐ City Phone (Municipality Name) **Certification of Circulator** , (certify): I reside at

(Circulator's Residence - Street Name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

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1. Print: Amy Pope Sign: Appal	street: 1070 Province Terr.	Town Village Scity Menasha (Municipality Name)	U /29/20// (Month) (Day) (Year)	1
2. Print: Taminy Pope Sign: Jammy Pope	Street: Wadab Gentry DR #3 City: Kankayna zipi 54130	Town Village City Kankana	11/29/2011 (Month) (Day) (Year)	
3. Print: Shelly Collette Sign: Shelly Collette	street: 1070 Province Torr. City: Menasha zipi 54952	Town Village Octy Mena Sha (Municipality Name)	///30/20 <u>/ 1</u> (Month) (Day) (Year)	
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2.	city: Appleton zip: 39919			Email
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3.	civ. Appleton 21p. WI			Email
Steven Rakita	Street: 3221 twin willowct.	Town Uillage	1 /10/2012	
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4. Karen Rakita	Street 3221 +win willow	▼ Town □ Village □ City	1 /10/2012	
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named in this petition. I know that each person signed the paper with full know that each person signed the paper with full know that falsifying this certification is punishable under the paper with full know the paper wi	owledge of its content on the da	ite indicated opposite his or her name. I	know their respective residences given. I support this
recall petition. I am aware that faisifying this certification is pullishable uno	1 5.13(3)(a), WIS. Stats.	() 1-/1	Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Committee

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				
THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	COL
Print: TIM 8THY W. ROUDE Sign:	Street: 1275 LAWSHORE DRIVE City: MENASHA Zip: 54952	□Town □ Village □ City (Municipality Name)	11/14/20 <u>11</u> (Month) (Day) (Year)	Email Phona
Prik SUSANG, KOHDE Sign: SLEVER JOHN Ande	Street, 1275 LAKESHORE DR CHY: MENASHA ZIP. 54952	Xrown Uvillage City (Municipality Name)		Email Phone
Sign:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
4. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Menth) (Day) (Year)	Email Phone
5. Print:	City: 74p: Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
Sign:	City: Zip:	((
(Printed Name of Circulator)	Certification of Circulator (certify): I reside at 1275 LAKESHURE DRIV (Circulator's Residence – Street Name and Numbrained each of the signatures on this paper. I know that the signers are elector	mber) (Circulator Munic		Circulators, Please include your Phone

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Recall Sco PO Box 16

THE MUNICIPALITY U	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.		Madison, V
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
Print: Lessica Bauer	street: 1920 W RUSSET CT Apt 2	Æ Town □ Village □ City	12/04/2011	Email
Sign: Jessica Bailes	city: Appleton wi zip: 54914	(Municipality Name)	(Month) (Day) (Year)	Phone (980
2. Print: MATT BAUER Sign: Mathle	Street: 1920 W. RUSSET CT ApT #2 City: Appleton WI Zip: 54914	Syown City Care (Municipality Name)	12 /04/20/11 (Month) (Day) (Year)	Email Phone (920)
sign Michaelus Vancertieles	Street: 2000 W. Russet et. Apt#9 City: Appleton WI 219: 54914	MTown Uvillage City Crest Chake (Municipality Name)	/2 //9/20_/1 (Month) (Day) (Year)	Selong Phone
rin: Deja VanderWielen sign: Dejer VanderWielen	street: 2000 W. Russet et April 9	Stown Village City Chute (Municipality Name)	Z /Zi /2010 (Month) (Day) (Year)	Starke Phone (920
Sign: Matheway Do	Street: 1920 W. Russet Ct #8 City: Appleton WI zip: 54914 Certification of Circulator	Town Village City Gra J Chute (Municipality Name)	01//1/20 <u>/2</u> (Month) (Day) (Year)	Phone (920)
Mathew A. Do		1 1		
(Printed Name of Circulator)	certify): I reside at 1920 W. Russif (4#8) (Circulator's Residence – Street Name and Nun	nber) Grand C (Circulator Munic		Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of it content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 3.1 and 3.1 and

(Signature of Circulator)

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				PO Box 25
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Aaron Peters Signy Awar Roter	street: 1120 Florence St city: Whitewater zip: 53190	Town Village City White water (Municipality Name)	11 /16/2011 (Month) (Day) (Year)	Phone
2. Print: Michael Schuette Sign: Michael Schuette	street: 807 Walton Dr city: Whitewater zip: 53190	Town Village City Whitewater (Municipality Name)	// // // 20 // (Month) (Day) (Year)	Phone (QG)
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20	Email Phone
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
I, Dule LUCASH (Printed Name of Circulator)	certify): I reside at (Circulator's Residence - Street Name and Nu		Mariens cipality)	Circulators, Please include your co

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder
armed in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this
call petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.
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(Day)

Please include you

Return by.

Committee

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.			Committee PO Box 25	
THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, V
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Dale Lucassen Pale Lucassen	Street: N1996 Majestic Pines Circle 54982	Marion	11/2\\20 <u>11</u> (Month) (Day) (Year)	Phone
Sign:	city: Waytoma zip: WII De	(Municipality Name)	*	(920
Print: Fanice Schult	Street: 10 Main St Apt 210	Town Village City Menacha	/ / / 20 / / 20 / / (Month) (Day) (Year)	Phone
Sign: January	city: Frenaska WI zip: 54952	(Municipality Name)		(920
Sign. Cheri L. Schulz Sign. Alex L. Schulz	Street: 304 Sherry St City: Nangh WI Zio: 54956	Town Village City Neenah (Municipality Name)	// /24/20// (Month) (Day) (Year)	CSch Phone (920
4. Print: Joe Lucassen	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
Frint: Toseph & Lucassen	street: 638 Bowers Lane	Town Village City Kau Kaun A (Municipality Name)	f//2 \ \ /20 1\ (Month) (Day) (Year)	Phone
signi yought of freehouse	city: Kaukauna Wi zip: 54130	(Aradiospans)		(920
I, Dale Lucastea (Printed Name of Circulator)	Certification of Circulator (certify): I reside at (Circulator's Residence - Street Name and Num	as Grick Town of other) (Circulator Municipal Control of the Control of the other)	f Mad an cipality)	Circulators, Please include your o
	(K)		en. I support this	Phone (120) Email

(Day)

(Year)

(Signature of Circulator)

(Month)

Return by

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jar Committee to PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Iviadisoli, wi
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: David W. Lucassen sign: David W. Lucassen	Street: N 1996 Majestic Pines Circle	Town □ Village □ City Town of Marion (Municipality Name)	// /27/2011 (Month) (Day) (Year)	Email Phone
	city: Wantoma zip: 54982	(Municipality Name)		(920)
2. Print: Linda A. Rohde	Street: 235 Maple St.	□ Town 15 Village □ City	12/3/2011	Email
Sign Linda A. Rutide	city: Redgrapite zip: 54970	Redgrante (Municipality Name)	(Month) (Day) (Year)	Phone (920)
3. Karen F. Litassen Sign: Karen E. Chungen		□ Village	/ /20	Email (920) -
	city. Wartomer zip: 54982	Tout of Marion (Municipality Name)	(Month) (Day) (Year)	Phone /
4. Priot:	Street:	☐ Town☐ Village☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ()
5. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ()
I Dale Lucassen	Certification of Circulator (certify): I reside at N 1996 March C 196	ner Circle Town of	+ Marian	
(Printed Name of Circulator)	(certify): I reside at (Circulator's Residence – Street Name and Num			Circulators, Please include your cont
			iven. I support this	Phone (%20) Email

(Day)

(Year)

(Signature of Circulator)

(Month)

Return by

Committe PO Box 2

Circulators, Please include you

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING CO NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Email Gary Vandenhoven ☐ Town ☐ Village City Phone Email 2. ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: Email 3. ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: Zip: Email 4. ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) City; Email 5. □ Town ☐ Village ☐ City Strect: Phone (Municipality Name) City:

I, BARBARA J. NITECK (certify	434 CENTER ST	Beillion
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained of named in this petition. I know that each person signed the paper we recall petition. I am aware that falsifying this certification is punish (Month) (Day)	each of the signatures on this paper. I know that the signers are electors of the jurisd tith full knowledge of its content on the date indicated opposite his or her name. I knowledge of S. 12.13(3)(a), Wis. Stats. (Signature of Circulator)	iction or district represented by the officeholder ow their respective residences given. I support this Page No. (Official Use Only) #
		000648

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	cor
1. Pavid Raunio	Street: 1712 Fischhour	☐ Town ☐ Village ☐ City (Municipality Name)	12 29 20 11 (Munth) (Day) (Year)	Email 23 Pa
318th - 4 M (CAJPA 2	City: NEW HOLSTEWED: 53061	(Municipality Name)		(Email
Print: Donna Raunio	Street: 17/2 Eisenhower St.	☐ Town ☐ Village 25-City	12 /29/20/1	Phone
sgn. Journa Kaunio	cur New Holskin zu 53061	New Itol Stein (Municipality Name)	(Month) (Day) (Year)	(Email
Print Ellen Korb	street: 444 Jensen St.	☐ Town ☐ Village City	12/29/20_11	Phone
sm.Euln Kab	city: (h; Itan zipi 53014	(Municipality Name)	(Month) (Day) (Year)	(
Print: RICHARD LORGER	Street: W2160 PEBRA CT.	Stown Uvillage City	12/24/2011	Email
Fishaed Fresh	City: CHILTON Zip: 53014	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print Mouric Loverk	Street: W2168 DELONG Ct.	Town Village City	. /	Email
Sign: Marie Louise	chilton zip. 53014	(Municipality Name)	(Month) (Day) (Year)	Phone (
Certification of Circulator				L
BARBARAS, NITECKI	certify): I reside at 434 CENTER ST	BRILLION		Chumitataua

(Printed Name of Circulator) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder

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PO Box 2

Please include you Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee PO Box 25

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				iviadison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Kerry O'Donnell	Street 2333 Prospect St.	☐ Town ☐ Village ▼City	12 ba9/20_LI	Email
sign: Kelly ON on sell	City: NewHoktein zip: 53061	New Hostein (Municipality Name)	(Month) (Day) (Year)	Phone (
2. Petat: Amarda Brechel	street: W1391 Fur Favn Rd.	I Village □ City	12/292011	Email
son bimarda Buchel	our. New Holstein zip. 53061	New Holsten (Municipality Name)	(Month) (Day) (Year)	Phone (
3. Margaret A. Kees sign: Margaret C. Kees	Street: 74 N. Lynwood Dr.	□ Town Stylitage □ City	12/27/201	Email
Spr. Margaret Ci Kees	cutilbert WI 21,54129	Hilbert (Municipality Name)	(Month) (Day) (Year)	Phone (
4. Regnorf mallow	street: 63014	Town O Village Pacity Chilton	12/29/20/1	Email
Sen RAY mond Mallmakn	cly:415Waterst 21p:53014	(Municipality Name)	(Manth) (Day) (Year)	Phone
5.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
Certification of Circulator				
BARBARA J. NITECKI	(certify): I reside at 434 CENTER ST	BRILLION		Cinculatore

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month) (Day) 120 / Subara Dr. Melteche (Signature of Oriculator)

(Printed Name of Circulator)

Page No. (Official Use Only)
#______

(Circulator Municipality)

Circulators, Please include your

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